VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

1		7169	CERTIFICA	TE OF DEATH		07157
1	1. [PLACE OF DEATH O. COUNTY OLCEN Anne	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceosed lived. If institut	tion: Residence before odmission) Y QUEENANN &
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) YASONYILE	c. LENGTH OF STAY IN 16	1	otside corporate limits, write	RURAL ond give nearest town)
		d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) APMON	R. Middle B	rown	OF DEATH	ne 14 196/
	5. 5	MAle Negro WIDOW	DIVORCED [MAYCH 29,/	886 9. AGE (In years last birthdoy) 75 yrs	5.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	omest:	MARY	land	12. CITIZEN OF WHAT COUNTRY?
	1	William thomas	Brown	Rachael	DAME RI	ngold
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.1	us. Coretta	Jones - L	Hasenville, md.
		1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	Hemerr	hage	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-</u>	Generaliz	ed Ather	oscileros	is Sev. Yrs
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While p. m. 19	Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote)
		21. I certify that (I) (this haspital) attends saw the deceased alive on	- 7 -	1 21.2	M, from the causes o	nd on the date stoted obove.
		220. SIGNATURE From S. 7	toyt	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	G/15-/C 22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) / Fun G.	Hoyt Mi	22d. ADDRESS	luceusto	wn, Md.
	4	BURIAL, CREMATION, 23b. DATE THEREOF	Grasonville	Cem,	Crason Ville	Md.
1	24.	JUNERAL DIRECTOR'S SIGNATURE	2 LAS for	mel, DATEN		GISTRAR'S SIGNATURE

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI	0
FOR STATE	7170 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07153	3
HEALTH DEPT.	1. PLACE OF DEATH e. COUNTY STATE A COUNTY	edmission)
Ssary Page 1	QUEEN HANKS MARYLAND MARYLAND MARYLAND MARYLAND	VE'S
nece sector.	b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town write RURA) and give nearest town c. LENGTH OF STAY IN 1b	wn)
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del ined ined tate is ath.		NO
the treta	DECEASED OF	61
la 3 to 3 t		R 24 HRS.
fter d 2, and 5 me d 2 hour	106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
urs es 1, 2 Page 1 an	GRADER DRIVER ROAD CONSTRUCTION MARYLAND U.S.A.	
M3.	13. FATHER'S NAME	
Hin Ziva	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
d with for ith for my ex	(Yes, 98 or unkown) (Ifyesgivewerordalesofservice) 220-12-0286 MRS, FRANCES BROWN, RURAL CENTREVIL	(=11d
in the ma w sit De	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BE ONSET AND	DEATH
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ould in poor	Conditions, if eny, which (b) Cornary Insuffinary 2/ex	1rs
ding" ding" ner's as a	geve rise to immediate cause (e), stating the underlying DUE TO DUE TO DUE TO DUE TO DUE TO	23
"pend Kamir Used on, o	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS	
vord cal E d be emeti	None YES -	NO NO
Medishoul	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 120 19. WAS PERF YES 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTR	
MINE Triting Chief Ge 3	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) (City or town) (County)	(Stete)
EXAL the the tor tor tor to	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my	opinion
AL Did to	death resulted from: Natural causes , Accident , Suicide , Homicide , Undefermined manner	оринон
EDIC Narde Narde IRE	CHIEF MEDICAL EXAMINER	
Wite the form of the property	ACTUAL SIGNATURE A.D. ASSISTANT MEDICAL EXAMINER DATE SI	GNED /
executed by NERA design	NAME (Type) Address (Street, city, town, or county)	5/
please executed should by FUNE or its design	220. BURIAL, GREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL (Specify) CARMICHAEL CEMETERY RURAL QUEENSTOWN MARCH	10.10
VS. AISME	23 FUNERAL DIRECTOR ADDRESS A M 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	riva,
5M 7/59	Sport H. Barlon J. of Barlon Berr. Centrevelle, 11th, DATE JUN 8 '61 archur & thous	
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	PLACE OF DEATH					2. USUAL RESIDENCE (W	/here decease		on: Reside	ence befa	e admiss	sian)		
9	^	en Anne		MARYL	AND	o. STATE Md. b. COUNTY Queen Anne								
	b. CITY OR TOWN (IF RURAL and give no Ondtown	outside carporate limi arest tawn)	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Pondtown								
-		AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS	-				e. IS RES	SIDENCE		
	or institution								ONA	FARM?				
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	th	Da	у	Year		
	(Type or print)	Jame	es			Hines	DEATH	June		1.	1.	1961		
5. 5	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	1 TE	B. DATE OF BIRTH	727	9. AGE (In years	_		IF UND	ER 24 HRS.		
Ma	ale	Colored	WIDOWI		100	Unknown	1894	67 birthdoy)	Months	Doys	Hours	Min.		
-	. USUAL OCCUPATIO	N (Give kind of wark	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	e ar fareign c		12. CI	TIZEN OF	WHAT	COUNTRY?		
,	Farm Labor	ing life, even if retired	-	amino.		Md.			TE	S.A.				
_	FATHER'S NAME		Pa	rming		14. MOTHER'S MAIDEN	NAME		10.1	S.A.				
	. 1													
_	Jnknown	IN U. S. ARMED FOR	CECO 14	SOCIAL SECURITY NO.	I IA	Maria Hine	5	Addr						
		If yes, give war or dates of s		SOCIAL SECURITY NO.										
_	(es	W-W-1			EI.	La Hines		Sudlersv	ille	, Md				
			use per li	ne for (o), (b), and (c).]							RVAL BE			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)													
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Z			-	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY		
ATIC		erthill.	_	elom a							PERFORMED?			
CERTIFICATION	20a. ACCIDENT WAS	S LINIDERIVING [7]		6		. (Enter noture of injury in	Part Lar Par	t II of item 18 \	-		11.3	NO D		
ERT	OR CONTRIBUTING	CAUSE OF DEATH		and him		. (Enter notice of injury in	i i di i i di i di	i ii di iidiii io.;						
				,		CE OF BUILDY (I)	Tool (a)					40		
MEDICAL	20c. TIME OF INJURY Haur a. m.		While	NJURY OCCURRED 2		CE OF INJURY (Home, for ary, street, affice bldg., et		ar town)		(County)		(Stote)		
ME	p. m.	19	at war	k at work						677	11.5			
	21. I certify the	at I attended the	deceas	ed fram Muc	110	3 a 1961, to	111/61	Mrzzag,	that I I	ast saw	the d	leceased		
	alive an }	ma 11 to	19	and that		accurred at 1 35 /								
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	ACTUAL	+ HH Har	u'il	lin.		10 Millis	40/15	mal			-11	6111		
	SIGNATURE		0_ 0	-0 10	^	N.D								
	PHYSICIAN'S HAME (Type)	HHAM	wit.	TON				and the same and the same and the same specified the same and						
22a	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC)F	22c. NAME OF CEMET	TERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county))	(Stat	le)		
Bu	irial	June, 17,	1961	Mt.Pleasan	t Ce	emetery	Pond	town,	4-6	18		Md.		
23	SUNERAL DIRECTOR'S			(ADDRESS	,		D BY REGIS	TRAR 24b. REGIS	STRAR'S S	IGNATU	₹E			

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event within 72 haurs ofter death. VS A1S (4) 15M 9/S8

urs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



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Sudjernville, Ld.			In the last
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			AND HERE
, mar bin	ogpode	T. ##W. #419. 191. 149	L.T. enet L. Crest
		or Thethorp	98-15-15-49

lay is necessary, please exerdirector. Page 4 shauld be files. TO proving MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If on the loy is necessary, please executed within 24 hours ofter death. If on the full director. Page 4 should be considered to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation. ar remaval. VS. A15ME(5)

5M 9/55

3. NAME OF DECEASED [Type or print] 3. NAME OF DECEASED [Type or print] 3. NAME OF DECEASED [Type or print] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Feb. 2, 1934 21 UNDER 14-EN IF UNDER 24-H WIDOWED DIVORCED Feb. 2, 1934 22 UNDER 19-EN IF UNDER 24-H WIDOWED DIVORCED Feb. 2, 1934 22 UNDER 19-EN IN INC. INC. INC. INC. INC. INC. INC.	7179 MEDICAL EX	AMINER'S	CERTIFICATE O	F DEATH	08400					
D. COUNTY D. CITY OR TOWN III would corporate limits, write BURAL C. LENGTH OF STAY IN 16 D. CITY OR TOWN III would corporate limits, write BURAL and give nearest lown) D. CITY OR TOWN III would corporate limits, write BURAL and give nearest lown) D. MARKE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D. MARKE OF BECKARE D. COLOR OR RACE AMARKED Investment of the property of th	Ttem 7 Fil	m G290 '	7/7/61 iwk							
DECITY OF TOWN of worked corporate limits, write RUBAL and give necrest form) Comparison Co	o. COUNTY				lence before admission)					
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sirved oddress) 3. MAME OF DECASES 3. MAME OF DECASES 4. COLOR OR PACE FIRST MIDDRED IVERY MARRIED IVER	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGT and give nearest town)	H OF STAY IN 16	c. CITY OR TOWN (If autside c	orporate limits, write RURAL an	d give nearest tawn)					
3. NAME OF FIRST DOCUMENTS DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED FA 2, 19 34 9. AGE (as years) 19 00 19 0				2	2 N 01-					
ACTUAL A CITIED OF INJURY OCCURED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 DUE TO CORREST OF COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 DUE TO COURSE DATE OF BRIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 DUE TO COURSE DATE OF BRIDE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 DUE TO COURSE DATE OF BRIDE DAT	d. NAME/OF HOSPITAL OR INSTITUTION (If not in hospital, give a	treet address)	d. STREET ADDRESS		e. IS RESIDENCE					
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SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE in years if UNIDER YEAR F. UNIDER 24 HI MODING Months Dory Mount Min. Months Month	DECEASED	Middle R 150 h	OF OF		3-					
OBJUSTATION (Give kind of work done) 100, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Sole or foreign country) 12. CHIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MADEEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MANEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o) (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PRIMARY DECEASE OF DEATH. CHUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter not) or fort in port in or part II of item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PRIMARY DECEASE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter not) or fort II of item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PRIMARY DECEASE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter not) or fort II of item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PRIMARY DECEASE OF DEATH. 20c. TIME OF INJURY Moonh, Day, Year 20c. INJURY COCURRED (20c. FLACE OF INJURY (frome, form. 20c. (City or form)) 20c. TIME OF INJURY Moonh, Day, Year 20c. INJURY COCURRED (20c. FLACE OF INJURY (frome, form. 20c. (City or form)) 20c. TIME OF INJURY MOONH, DAY (CITY or form) PART II. OTHER SIGNIFICANT CONDITIONS COURSED (20c. FLACE OF INJURY (frome, form. 20c. (City or form)) 20c. TIME OF INJURY MOONH, DAY (CITY or form) 20c. TIME OF INJURY MOONH, DAY (CITY or form) 20c. TIME OF INJURY MOONH, DAY (CITY or form) 20c. TIME OF INJURY MOONH, DAY (C	6. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 18.	DATE OF BIRTH	9. AGE (In years IF UNDE						
13. FATHER'S NAME FOUND IN THE STANDER NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U. S. ARNED FORCES? Inc. SOCIAL SECURITY NO. IT. INFORMANT 16. No. or unknown 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate course [o], storing the underlying of the underlying	W WIDOWED	DIVORCED	Feb, 2, 1934	27 yrs. months						
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address L. + Ch. + Cl. + Cl	Mysical heranist 1356	ital	Liran Lield	Vinnesold	YNA					
15. WAS DECEASED EVER IN U. S. ABNEED FORCES? Tow. row. or unknown) 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. 19. CONDITIONS (b) DUE TO COnditions, if any, which gove rise to immediate couse (o), storing the underlying course lost. 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED?. YES NO. BESCHIE HOW INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. EXTERNAL CAUSE WAS PROVIDED TO INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. (Enter notive of injury in Part I or Injury Month II or Injury Mont			7	C 1 1 1						
The not unknown (If yet, give was or a date of service) 472-36-463 Hagguland Funeral Hamp Manage				Jhu1+3						
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DUE TO COUNTY BUTTON COUNTY COUNTY BUTTON COUNTY COUNTY BUTTON COUNTY COUNTY	DIG X DUE TO		10 Parv							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO.E	gave rise to immediate couse									
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO. 200. EXTERNAL CAUSE WAS PRIMARY SOCIED. (Enter notive of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY SOCIED. (Enter notive of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY SOCIED. (Enter notive of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY SOCIED. (Enter notive of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY SOCIED. (Enter notive of injury in Part I or Part II of item 18.) 201. TIME OF INJURY Month, Day, Year 201. INJURY OCCURRED 202. PLACE OF INJURY (Home, form, 201. (City or town) (County) (State Industry) (County) (County) (State Industry) (County) (Cou										
PERFORMED? YES NO. 20a. EXTERNAL CAUSE WAS PRIMARY BOY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY BOY CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, locally) (Caunty) (State of occurry, street, office bldg., etc.) 20a. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, locally) (Caunty) (State of occurry, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy I, Inspection II, Inquiry III, and find the death resulted from: Natural causes I, Accident III, Suicide II, Homicide III, Undetermined cause II. ACTUAL SIGNATURE EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER III	cause last. (c)									
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 of the remains described above, held an Autopsy Inspection Inquiry In	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY					
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work of twork of two work of two work signature 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . 22. SURIAL, CREMATION, 22b. DATE THEREOF , Inquiry ,	Crushed chest Multible fr	artures v	-tarm Fractu	res' lt. lea						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State Hour a. m.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE	20g. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING	URY OCCURRED. (En	ler nature of injury in Part I or Part	II of item 18.}	141					
Hour a mile 2 919 While at work at work foctory, street, affice bldg., etc.] Whe Mile 2. A 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	CAUSE OF DEATH. Auto auto	Ticabi	1.45.50 +:	2/3	A. NH.					
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE		10 1	OF INJURY (Home, farm, 20f. (C	(Co	unty) (State)					
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE		WILLIAM T.	- N	re Mills &	, M. NH					
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county), (Stote) REMOVAL (Specify) 30/10 1	21. I certify that I took charge of the remains			Inspection X, Inqui	ry X, and find the					
SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) JULY 3, 1961 RIDIEL CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Stote) 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD	death resulted from: Natural causes , Acci	dent A. Suici	ide, Homicide	Undetermined cause						
SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) JULY 3, 1961 RIDIEL CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Stote) 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD	0-20-1			6 2 3 2 3 5	371 9					
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	ACTUAL SIGNATURE)	M D CHIEF MEDICAL EXAMINER		DATE SIGNED					
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (Stote) 30/10 10/43/96/ Ripley emetery ADDRESS 1/240. REC'D BY REGISTRAR'S SIGNATURE	A				3. / 4.					
30/10 Specify July 3,1961 Ripley Cemetery Litchfield, MININESO Fa. ADDRESS J. 1/240. REC'D BY REGISTRAR'S SIGNATURE	NAME (Type) C. N. Layton	M.D.		45)	/					
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 1240. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify)	1	1.	CATION (City, town, or county)	(Stote)					
Tacrice L / ENNAM & Jen 195 101, 1/10. DATE	33. FUNERAL DIRECTOR'S SIGNATURE	Ess + 1	1/1 /1		10					
	Macrice F 1/21/NAMI & JON	19510N,	MICH DATEUL							

urs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CEPTIFICATE OF DEATH

0 7	- Y - W	CERTIFICA		U4104		
1. PLACE OF DEATH a. COUNTY	Queen Anne	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE Maryland b. COUNTY Queen A	nne		
- RURAL and give	(If autside carporate limits, write nearest town) ngleside	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give ned Rural Ingleside	arest tawn)		
	PITAL (If not in haspital, give street	address)	d. STREET ADDRESS Rural	e. IS RESIDENCE ON A FARM? YES A NO		

	Rural Ingleside life Rural Ingleside												
	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION										e. IS RESIDENCE ON A FARM?		
	At	home				Rural						AE2 P	₹ NO □
	3. NAME OF DECEASED (Type or print)	William			Rochest	last		4. DATE OF DEATH	June	Manth 10.	1961	ру	Yeor
	5. SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH			9. AGE (In y	ears IF UI	NDER 1 YEAR	IF UND	ER 24 HRS.
	male	colored	WIDOWED		RCED A		18	72	89x	yrs. Mar	nths Doys	Hours	Min.
	during most of work	during most of working life, even if retired)									2. CITIZEN O	FWHAT	COUNTRY?
	Laborer 13. FATHER'S NAME		ta	.rm	(Queen A	nne	Co.	Mary1	and	USA		
F		Abraham Rochester Mary Tilghman											
L		WAS DECEASED EVER IN U. S. ARMED EODOSES AV. COCKA CECURITY NO. 17 INFORMANT											
		(If yes, give wor or dates of s	nvice) n	one	Co	nrad Ro	che	ster	Churk	Sh H	i11, 1	Md.	
		TH [Enter anly ane co	use per line (far (a), (b), and	(c).]								ETWEEN D DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Cer	ehrel	Chune	dois					9	96 homo	
	420 °C	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO Herenia, recording to									1	loque	
												4	na.
	PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO T	HE TERM	INAL DISEAS	SE CONDITION	N GIVEN IN	N PART 1(o)	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJUR	Y OCCURRED.	Enter noture af i	njury in	Part I or Pa	rt II af item 18	3.)			
	3 20c. TIME OF INJUR	Y Manth. Day. Yes	ar 20d. INJU	IRY OCCURRED	20e. PLAC	E OF INJURY (Ho	me, farn	n, 20f. (Cit	y ar town)		(Caunty)		(State)

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20d, INJURY OCCURRED (County) MEDICA 20c. TIME OF INJURY Manth. Doy, Year foctory, street, affice bldg., etc.) Hour o. m. While Nat while

of work at work 1060 June 10 1961, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from._ , from the causes and on the date stated above. 61, and that death accurred at saw the deceased alive an

22a. SIGNATURE 1961 SIGNED ATTENDING XX MED. STAFF D June 11, M.D. 22c. PHYSICIAN'S NAME (Jype) 22d. ADDRESS Smith, John R.

Centreville, Maryland 23d. LOCATION (City, tawn, ar county) 23b. DATE THEREOF

Rich Neck Hall Cem. (Stote) 23a. BURIAL, CREMATION Md. Church Hill Co. nr. 15/61 6

ADDRESS Chestertown, Md. 250. REC'D BY REGISTRAR
DATE: 11 4 '61

25b. REGISTRAR'S SIGNATURE

07100

VR A15 (4) 15M 9/59

the solution is

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18